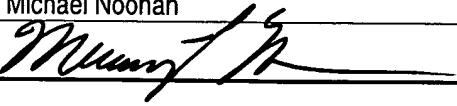
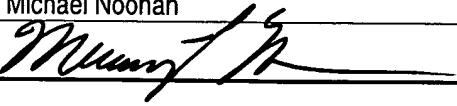
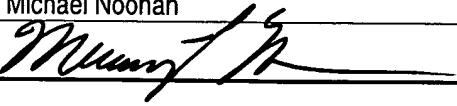


08/20/03

|   |   |  |                              |   |              |
|---|---|--|------------------------------|---|--------------|
| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL  |   | Attorney Docket No.: SC12921HP<br>First Inventor: Wai Wong Chow<br>Title: DUAL GAUGE LEADFRAME<br>Express Mail Label No.: EV 322113311 US  | P10<br>U.S. 644160<br>174910 |   |              |
| (Only for new nonprovisional applications under 37 CFR 1.53(b))   |   |  |                              |   |              |
| <b>APPLICATION ELEMENTS</b><br>(see MPEP chapter 600 concerning utility patent application contents)  |   | ADDRESS TO:<br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, D.C. 20231  |                              |   |              |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <span style="border: 1px solid black; padding: 2px;">26</span><br/>(preferred arrangement set forth below)<br/>           -Descriptive title of the invention<br/>           -Cross Reference to Related Applications<br/>           -Statement Regarding Fed sponsored R&amp;D<br/>           -Reference to sequence listing, a table,<br/>           -Background of the Invention<br/>           -Brief Summary of the Invention<br/>           -Brief Description of the Drawings (if filed)<br/>           -Detailed Description<br/>           -Claim(s)<br/>           -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <span style="border: 1px solid black; padding: 2px;">5</span></p> <p>5. Oath or Declaration<br/>           a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>           b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)<br/>           i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>           Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p> |   | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)<br/>           a. <input type="checkbox"/> Computer Readable Form (CFR)<br/>           b. <input type="checkbox"/> Specification Sequence Listing on:<br/>           i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies);<br/>           ii. <input type="checkbox"/> or paper</p> <p>c. <input type="checkbox"/> Statements verifying identify of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____<br/>_____<br/>_____</p> |                              |   |              |
| <p>18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____</p> <p>Prior Appl. information: Examiner: _____ Group/Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>  |   |  |                              |   |              |
| <b>19. CORRESPONDENCE ADDRESS</b>   |   |  |                              |   |              |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label   |   | 23125  | or                           | <input type="checkbox"/> Correspondence address below |              |
| Name  | Michael Noonan  |  |                              |   |              |
| Address   | Motorola, Inc. – Law Department   |  |                              |   |              |
|   | 7700 W. Parmer Lane   |  |                              |   |              |
| City  | Austin  | State  | TX                           | Zip Code  | 78729        |
| Country   | U.S.A.  | Telephone  | 512-996-6839                 | Fax   | 512-996-6853 |
| Name  | Michael Noonan  |  | Registration No.             | 42,038  |              |
| SIGNATURE   |  |  | Date                         | Aug 20, 2003  |              |

|  |  |                          |  |                       |  |
|--|--|--------------------------|--|-----------------------|--|
| <b>FEE TRANSMITTAL</b>                     |  | <i>Complete if Known</i> |  |                       |  |
| Patent fees are subject to annual revision |  | Application Number       |  |                       |  |
|  |  | Filing Date              |  | Concurrently Herewith |  |
|  |  | First Named Inventor     |  | Wai Wong Chow         |  |
|  |  | Examiner Name            |  |                       |  |
| Group Art Unit                             |  |                          |  |                       |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>             |  | <b>(\\$) 1,414.00</b>    |  | Attorney Docket No.   |  |
|  |  |                          |  | SC12921HP             |  |

| <b>METHOD OF PAYMENT</b>   |   |      |       | <b>FEE CALCULATION (continued)</b>   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
|--|---|------|-------|--|-----------------|-----------|--------------|--------------|--------------|--|--|-----|-----|-----|-----|------|-------|------|-------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---------------------------|--|-----|------|-----|------|---|--|-----|------|-----|------|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|------|-----|-----|---|--|-----|------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|------|-----|------|---|--|-----|-----|-----|----|----------------------------------|--|-----|------|-----|-----|------------------------------------|--|-----|------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|-------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|----------------------------------|--|--|--|---|--|--|--|----------------------------------|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--------------------------|--|--|--|-------------------|----------------|--|--|------------------|--------|-----------|--------------|-----------|---|--|--|------|-----------------|--|--|
| <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">50-2117</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |   |      |       | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 25%;">Large Entity</th> <th style="text-align: left; width: 25%;">Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\\$)</th> <th>Code</th> <th>(\\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td colspan="2">Surcharge - late filing fee or oath</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td colspan="2">Surcharge - late Provisional filing</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td colspan="2">Non-English specification</td> </tr> <tr> <td>147</td> <td>2520</td> <td>147</td> <td>2520</td> <td colspan="2">For filing a request for ex parte Reexamination</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td colspan="2">Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>113</td> <td>1840*</td> <td>113</td> <td>1840*</td> <td colspan="2">Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td colspan="2">Extension for reply within first month</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td colspan="2">Extension for reply within second month</td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td colspan="2">Extension for reply within third month</td> </tr> <tr> <td>118</td> <td>1440</td> <td>218</td> <td>720</td> <td colspan="2">Extension for reply within fourth month</td> </tr> <tr> <td>128</td> <td>1960</td> <td>228</td> <td>980</td> <td colspan="2">Extension for reply within fifth month</td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td colspan="2">Notice of Appeal</td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td colspan="2">Filing a brief in support of an appeal</td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td colspan="2">Request for oral hearing</td> </tr> <tr> <td>138</td> <td>1510</td> <td>138</td> <td>1510</td> <td colspan="2">Petition to institute a public use proceeding</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td colspan="2">Petition to revive - unavoidable</td> </tr> <tr> <td>141</td> <td>1280</td> <td>241</td> <td>640</td> <td colspan="2">Petition to revive - unintentional</td> </tr> <tr> <td>142</td> <td>1280</td> <td>242</td> <td>640</td> <td colspan="2">Utility issue fee (or reissue)</td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td colspan="2">Design issue fee</td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td colspan="2">Plant issue fee</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td colspan="2">Petitions to the Commissioner</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td colspan="2">Processing fee under 37 CFR 1.17(q)</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td colspan="2">Submission of IDS</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td colspan="2">Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td colspan="2">Filing a submission after final rejection (37 CFR § 1.129(a))</td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td colspan="2">For each additional invention to be examined (37 CFR § 1.129(b))</td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td colspan="2">Request for Continued Examination (RCE)</td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td colspan="2">Request for expedited examination of a design application</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1) (\\$) 750.00</b></td> <td colspan="4"><b>* Reduced by Basic Filing Fee paid</b></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\\$) 624.00</b></td> <td colspan="4"><b>SUBTOTAL (3) (\\$) 40.00</b></td> </tr> <tr> <td colspan="8" style="text-align: center;">**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br/>*For Reissues, see above</td> </tr> <tr> <td colspan="4"><b>SUBMITTED BY</b></td> <td colspan="4" style="text-align: center;">Complete (if applicable)</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Michael Noonan</td> <td>Registration No.</td> <td>42,038</td> <td>Telephone</td> <td>512.996.6839</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td colspan="3">August 20, 2003</td> </tr> </tbody> </table> |                 |           |              | Large Entity | Small Entity |  |  | Fee | Fee | Fee | Fee | Code | (\\$) | Code | (\\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late Provisional filing |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2520 | 147 | 2520 | For filing a request for ex parte Reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of IDS |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  | <b>SUBTOTAL (1) (\\$) 750.00</b> |  |  |  | <b>* Reduced by Basic Filing Fee paid</b> |  |  |  | <b>SUBTOTAL (2) (\\$) 624.00</b> |  |  |  | <b>SUBTOTAL (3) (\\$) 40.00</b> |  |  |  | **OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br>*For Reissues, see above |  |  |  |  |  |  |  | <b>SUBMITTED BY</b> |  |  |  | Complete (if applicable) |  |  |  | Name (Print/Type) | Michael Noonan |  |  | Registration No. | 42,038 | Telephone | 512.996.6839 | Signature |  |  |  | Date | August 20, 2003 |  |  |
| Large Entity   | Small Entity  |      |       |  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| Fee  | Fee   | Fee  | Fee   |  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| Code   | (\\$)   | Code | (\\$) |  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 105  | 130   | 205  | 65    | Surcharge - late filing fee or oath  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 127  | 50  | 227  | 25    | Surcharge - late Provisional filing  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 139  | 130   | 139  | 130   | Non-English specification  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 147  | 2520  | 147  | 2520  | For filing a request for ex parte Reexamination  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 112  | 920*  | 112  | 920*  | Requesting publication of SIR prior to Examiner action   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 113  | 1840*   | 113  | 1840* | Requesting publication of SIR after Examiner action  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 115  | 110   | 215  | 55    | Extension for reply within first month   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 116  | 400   | 216  | 200   | Extension for reply within second month  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 117  | 920   | 217  | 460   | Extension for reply within third month   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 118  | 1440  | 218  | 720   | Extension for reply within fourth month  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 128  | 1960  | 228  | 980   | Extension for reply within fifth month   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 119  | 320   | 219  | 160   | Notice of Appeal   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 120  | 320   | 220  | 160   | Filing a brief in support of an appeal   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 121  | 280   | 221  | 140   | Request for oral hearing   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 138  | 1510  | 138  | 1510  | Petition to institute a public use proceeding  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 140  | 110   | 240  | 55    | Petition to revive - unavoidable   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 141  | 1280  | 241  | 640   | Petition to revive - unintentional   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 142  | 1280  | 242  | 640   | Utility issue fee (or reissue)   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 143  | 460   | 243  | 230   | Design issue fee   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 144  | 620   | 244  | 310   | Plant issue fee  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 122  | 130   | 122  | 130   | Petitions to the Commissioner  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 123  | 50  | 123  | 50    | Processing fee under 37 CFR 1.17(q)  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 126  | 180   | 126  | 180   | Submission of IDS  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 581  | 40  | 581  | 40    | Recording each patent assignment per property (times number of properties)   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 146  | 740   | 246  | 370   | Filing a submission after final rejection (37 CFR § 1.129(a))  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 149  | 740   | 249  | 370   | For each additional invention to be examined (37 CFR § 1.129(b))   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 179  | 740   | 279  | 370   | Request for Continued Examination (RCE)  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| 169  | 900   | 169  | 900   | Request for expedited examination of a design application  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| Other fee (specify) _____  |   |      |       |  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| <b>SUBTOTAL (1) (\\$) 750.00</b>   |   |      |       | <b>* Reduced by Basic Filing Fee paid</b>  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| <b>SUBTOTAL (2) (\\$) 624.00</b>   |   |      |       | <b>SUBTOTAL (3) (\\$) 40.00</b>  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| **OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br>*For Reissues, see above   |   |      |       |  |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| <b>SUBMITTED BY</b>  |   |      |       | Complete (if applicable)   |                 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| Name (Print/Type)  | Michael Noonan  |      |       | Registration No.   | 42,038          | Telephone | 512.996.6839 |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |
| Signature  |  |      |       | Date   | August 20, 2003 |           |              |              |              |  |  |     |     |     |     |      |       |      |       |     |     |     |    |                                     |  |     |    |     |    |                                     |  |     |     |     |     |                           |  |     |      |     |      |   |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                  |  |  |  |   |  |  |  |                                  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |                          |  |  |  |                   |                |  |  |                  |        |           |              |           |   |  |  |      |                 |  |  |

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